

CLAIMS ONLY

Application Number

10/542085

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	ADDITIONAL CLAIMS		AMENDMENT		AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	5					
Total Depend	70					
Total Claims	75					
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

9/18/17